

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549417

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
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10						
11						
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15						
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18						
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20						
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24	1		1			
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41						
42						
43						
44						
45	1		1			
46						
47						
48						
49						
50						
TOTAL IND.		4		4		4
TOTAL DEP.		4		4		4
TOTAL CLAIMS		8		8		8

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			3			
TOTAL DEP.			54			
TOTAL CLAIMS			57			